

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/674488 FILING DATE
APPLICANT(S)

CLAIMS						
	ORIGINAL		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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50						
TOTAL IND.	2	0		0		0
TOTAL DEP.	0	0		0		0
TOTAL CLAIMS	2	0		0		0

CLAIMS						
	ORIGINAL		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS		0		0		0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS